



ACUPUNCTURE INFORMATION AND INFORMED CONSENT:

Acupuncture is performed by the insertion of PRE-STERILIZED, DISPOSABLE acupuncture needles through the skin and /or the application of heat or electrical stimulation to the skin, or both, at certain points on the body. The benefits and risks of receiving acupuncture and Oriental Medical treatment have been explained to me. Although rare, certain side effects may result from Acupuncture. I understand that each procedure or treatment has specific risks and benefits. I understand that the practitioners at Point of Health Acupuncture may record medical and other information concerning my treatment in electronic and in other physical form. Such information may be released by practitioners for the purposes authorized on this form. I understand that portions of my medical records may be disclosed to qualified, non-clinical personnel for the purpose of conducting scientific or statistical research. I acknowledge that no guarantees have been made to me as to the results of treatment or examination by Point of health Acupuncture.

I have been informed of the risk and benefits of the procedures and products listed below that apply to my treatment. Acupuncture needles to stimulate points and meridians, including the specific risks of needling certain points. The use of mechanical, magnetic or electrical stimulation of acupuncture points, particularly in instances where such stimulation is applied across the midline of the trunk or in patients with a history of heart trouble, moxabustion, herbs, laserpuncture (cold laser used to stimulate Acupuncture points), acupressure, massage, and nutrition and food therapies.

I have been informed of the risks and benefits of the procedures and products listed below: 1) Minor bruising 2) Needle sickness 3) Broken needles 4) some pain at the site of needle-insertion 5) Infection 6) risks from needling in the vicinity of an infection 7) burns from moxa or heat lamp 8) "sha" red or purple discoloration of the skin (similar to a bruise) which may remain for 1 to 7 days. and 7) potential side effects of nutritional supplements and herbs.

RECORDS RELEASE AUTHORIZATION:

I understand that I am responsible for my bill.
I authorize payment directly to my clinician.
I authorize the use of this form for all my insurance submissions.
I authorize release of information to all my insurance companies.
I permit a copy of this authorization to be used in place of the original.
I direct my previous health care providers to release medical records to this clinic.

This authorization is not intended to allow the release of records regarding my treatment for services requiring a restricted release under State or Federal Law.

Patient's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

NOTICE OF PRIVACY PRACTICES:

I have received Point of Health Acupuncture's HIPPA Notice of Privacy practices. I understand that this document defines my rights under 45CFR 164.528 of the federal regulations and is intended to comply with federal patient privacy rights:

Patient's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

CONSENT TO TREAT A MINOR CHILD:

I authorize Point of Health Practitioners to administer acupuncture and oriental medical treatment as necessary to my son / daughter _____ (enter child's name)

Parent's Signature: _____ Date: _____

Witness Signature: _____ Date: _____